

Name
in
Full

Kate Ackwood

CERTIFICATE OF DEATH

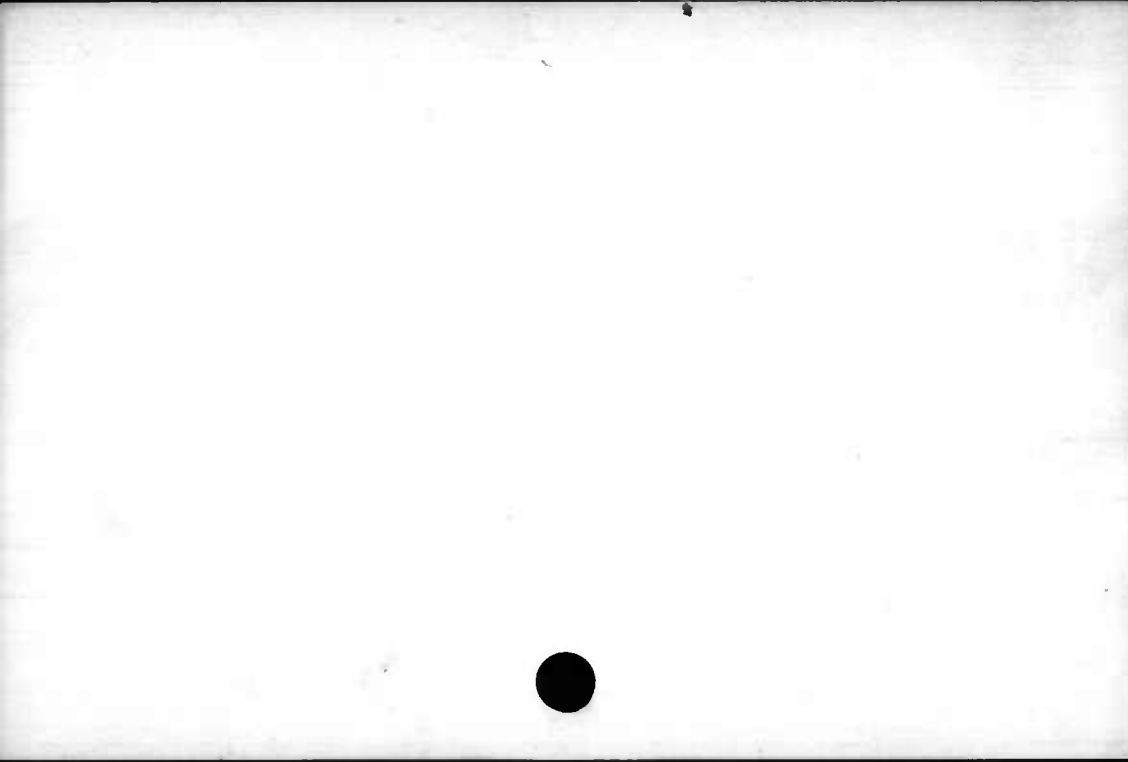
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 190		3	Month Jan	1st	Day	55	Years
Sex Female		Color or Race Colored		Birth- place Annapolis		Months	
Married, Single or Widowed Widowed		Occupation book				Days	
Name of Wife or Husband							
Father's Name Unknown				42			
Father's Birthplace Unknown							
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving In formation George Ackwood				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary carcinoma of the uterus		How long Three months	
Immediate hemorrhage & Asthenia		How long Two days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout M.D.	
		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

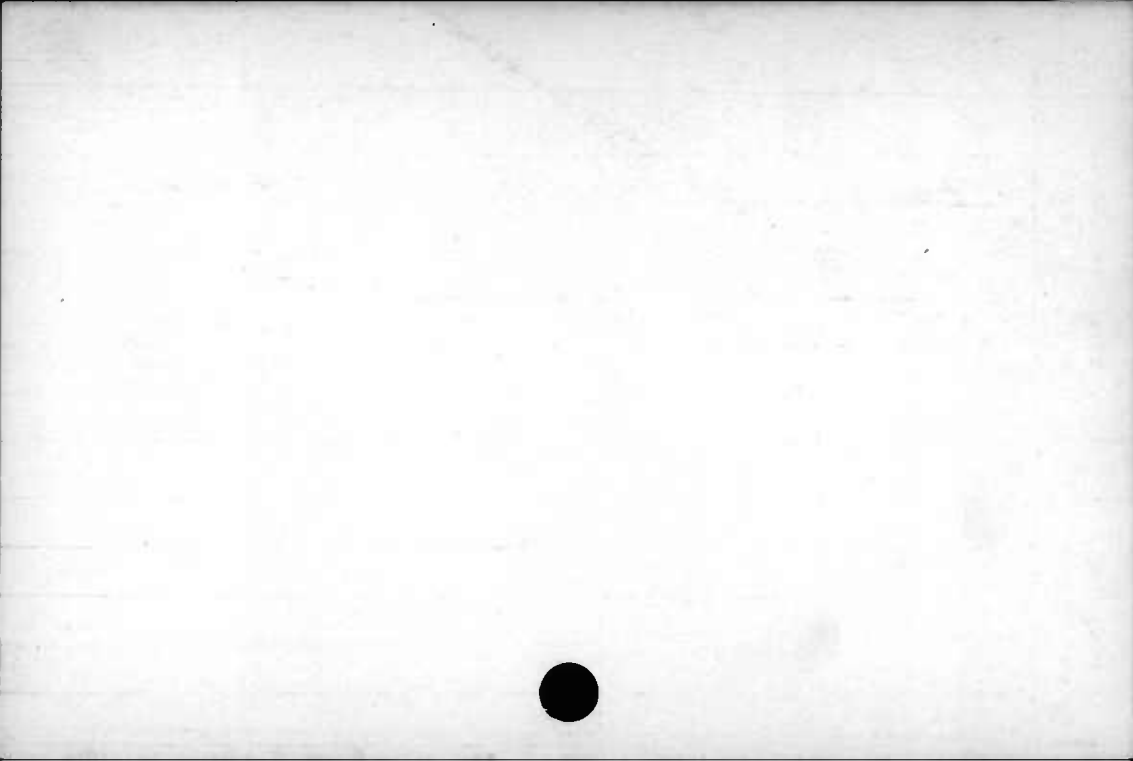
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> ^{Town}		<i>At</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>17th</i>	Age <i>6</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>At Abnott</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Alex Ambey</i> <i>179</i>					
Father's Name <i>Alex Ambey</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Natilda Inner</i>			Mother's Birthplace <i>At Abnott</i>		
Name of person giving information <i>Natilda Inner</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

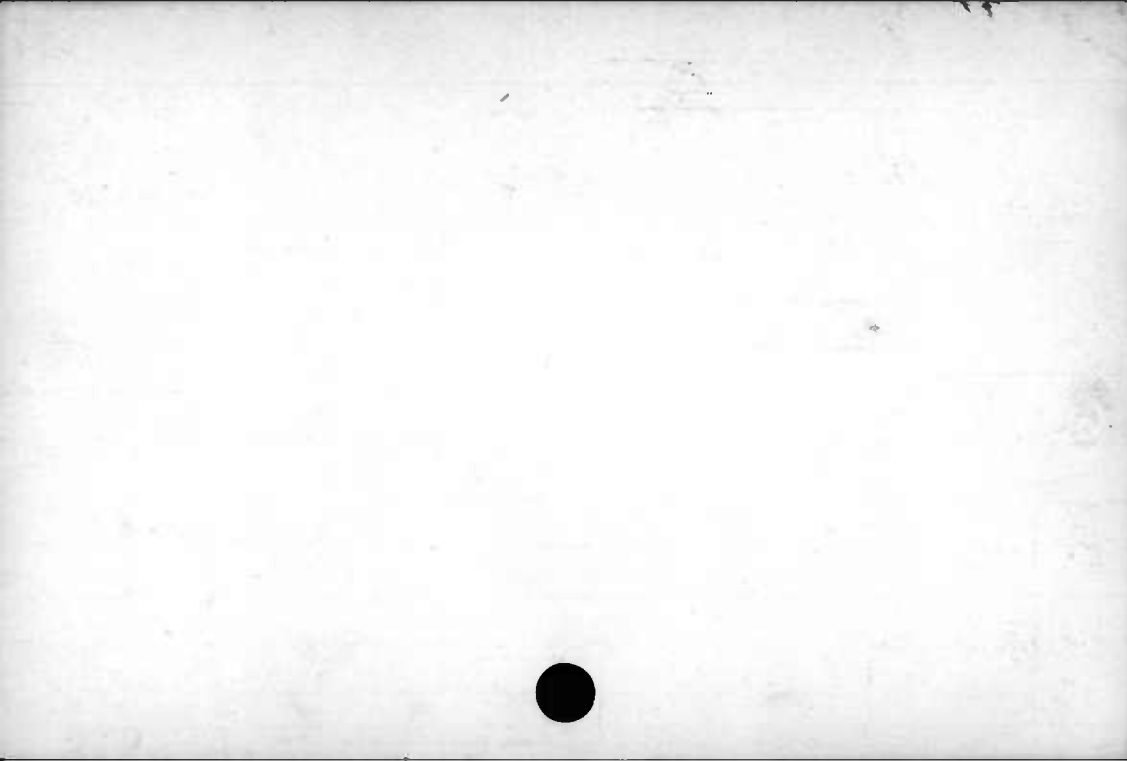
Primary	<i>Unknown</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Seen by John Redmont, MD after death</i>	
<i>Yes</i>	Signature of Physician	Address
Accident or Suicide?		



Name in Full		Susan W. Anderson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town			County			MARYLAND	
		Died at Jessus			Anne Arundel				
		Date of death 1903		Month 1	Day 1	Age 65	Years 4	Months 7	Days
		Sex Female		Color or Race White		Birth-place Ind			
		Married, Single Widowed			Occupation Housewife				
		Name of Wife Husband			Richard G. Anderson				
		Father's Name			Richard P. Miles			Father's Birthplace Ind	
		Mother's Maiden Name			Mary Phelps			Mother's Birthplace Ind	
		Name of person giving information			R. G. Anderson			How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN OR CORNER		Primary		Nephritis 100		How long 10 yrs	
		Immediate		Coma		How long 11 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. A. Hammond	
		Address		J. Jessus Ind.			
		Accident or Suicide?		No			



Name
in
Full

Anas Address

CERTIFICATE OF DEATH

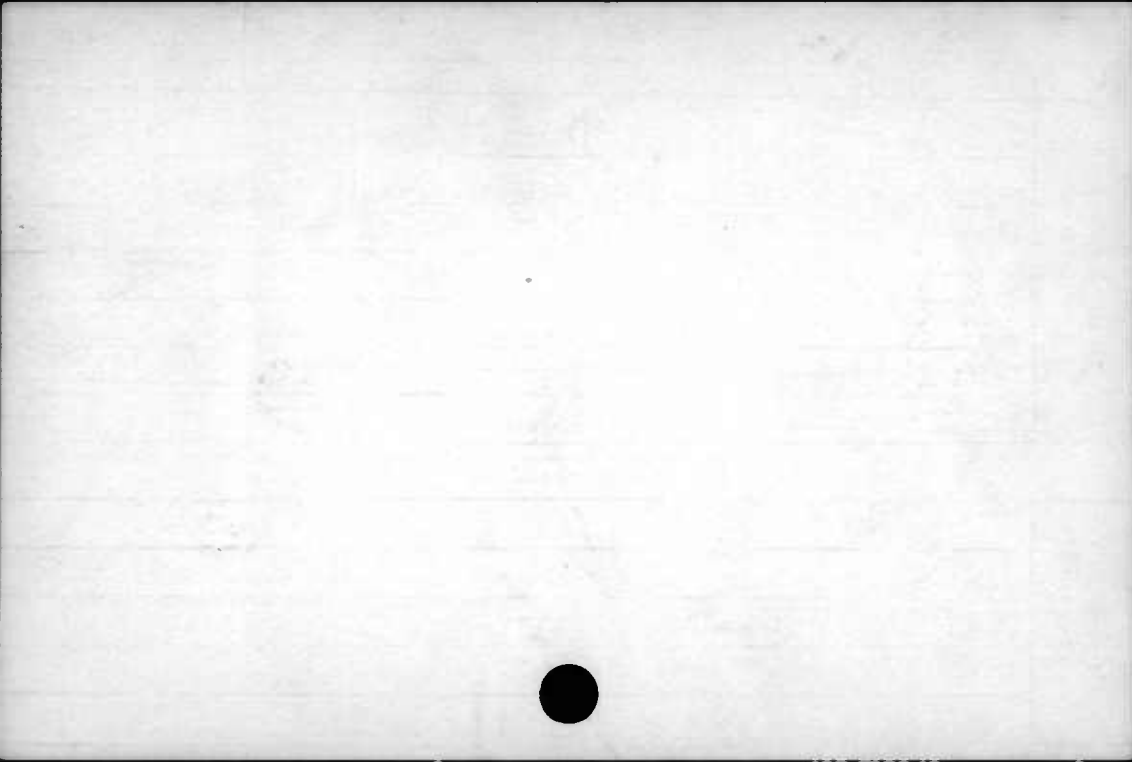
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death 1903	Month <u>Jan</u>	Day <u>8</u>	Age <u>15</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Kalob Andras</u>			Father's Birthplace <u>Maso</u>		
Mother's Maiden Name <u>Maggie - Gross</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>John R. Frank</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>72</u>
Immediate <u>Accidental Drowning</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles G. Feldmeyer, M.D.</u>
<u>yes</u>	Address <u>Annapolis Md.</u>
Accident or Suicide? <u>Accident</u>	<u>Acting Coroner.</u>



Name
in
Full

CERTIFICATE OF DEATH

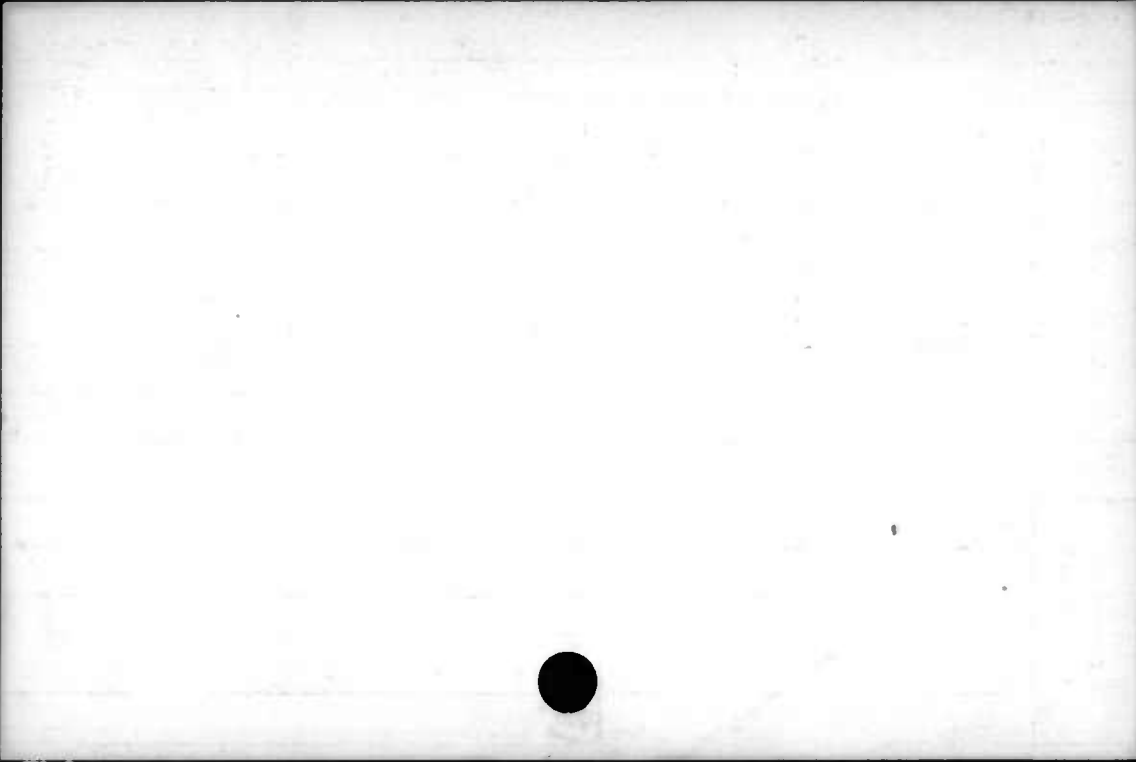
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Albert N. Basil</i>		Town <i>Ad Co. Germantown</i>		County <i>D. A. Co</i>		MARYLAND	
Died at <i>Ad Co. Germantown</i>		Month <i>Jan.</i>		Day <i>Saturday</i>		Years <i>11 months</i>	
Date of death 1903		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>A. A. Co.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>							
Father's Name <i>F. N. Basil</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Barrie L Basil Brown</i>		Mother's Birthplace <i>A. A. Co.</i>					
Name of person giving in formation <i>Father Frank N. Basil</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>		How long <i>10 days</i>	
Immediate <i>Apnoea</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. S. Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Boleslaus Bekinski

CERTIFICATE OF DEATH

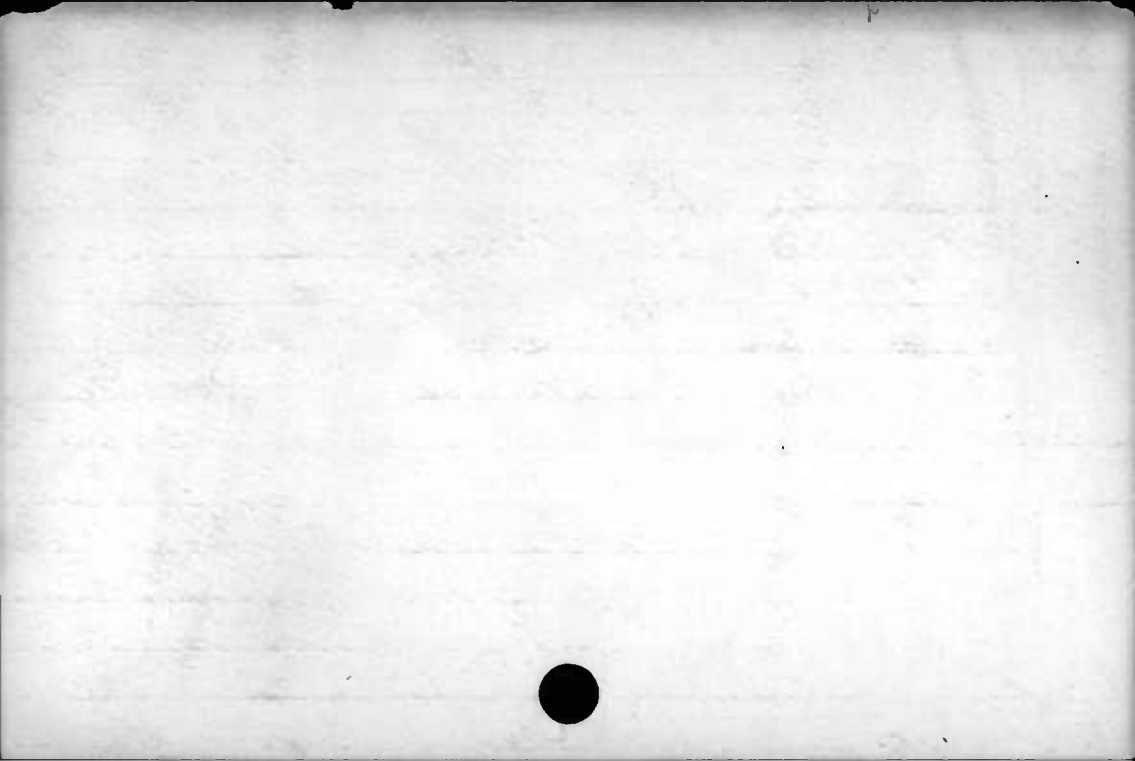
TO BE ANSWERED BY
NEAREST FRIEND

Died at		So. Baltimore		County		A. A.		MARYLAND			
Date of death 1903		Month Jan		Day 16		Age —		Months 3		Days —	
Sex Male		Color or Race White		Birth-place		So. Baltimore					
Married, Single		Occupation									
Name of Wife or Husband											
Father's Name Adam Bekinski						Father's Birthplace Poland					
Mother's Maiden Name Julia Milovich						Mother's Birthplace Poland					
Name of person giving information Adam Bekinski						How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Mal-nutrition		How long		179	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. B. Horton, M.D.	
				Address		So. Baltimore, Md	
Accident or Suicide?							



Name
in
Full

Susie Burgess

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1903

Month

January

Day

11

Years

0

Age

Months

0

Days

16

Sex

female

Color or
Race

colored

Birth-
place

anarandal

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

William Burgess

Father's
Birthplace

Prince Georges

Mother's
Maiden Name

Susie Burgess

Mother's
Birthplace

Virginia

Name of person giving
In formation

William Burgess

How related
to deceased

father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

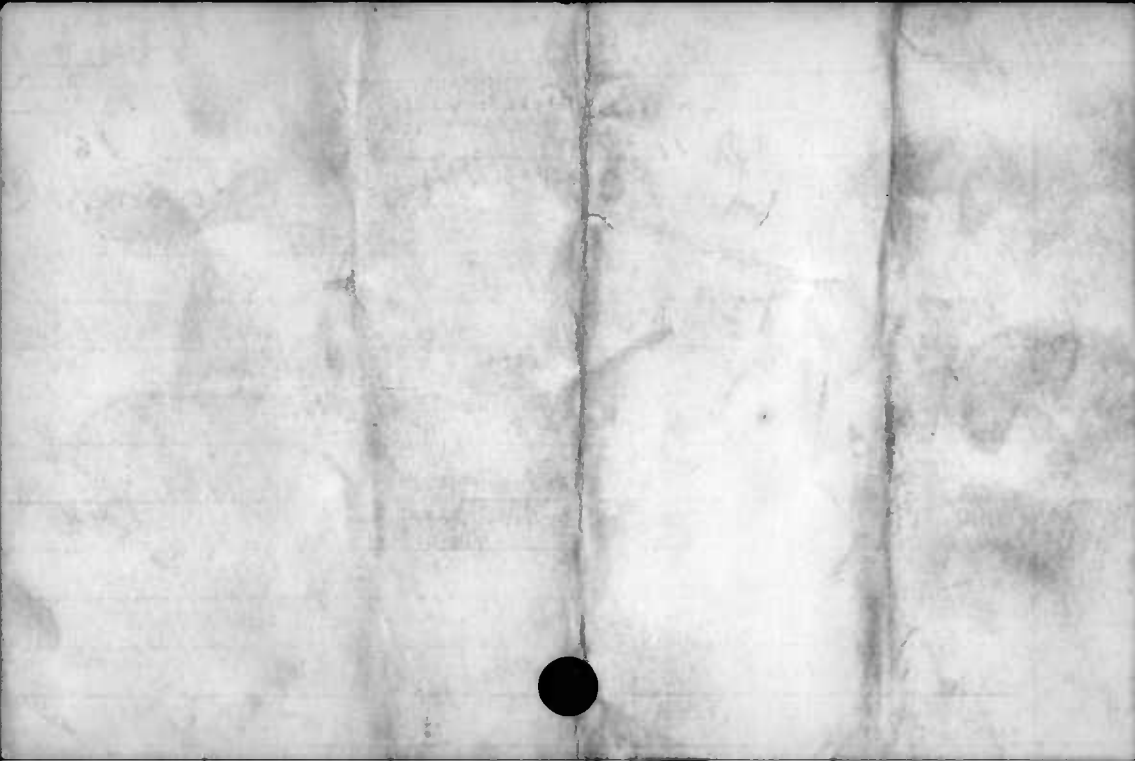
Signature of
Physician

Address

Dr. Bryant
Harris

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Miss Jessie Calvert

Town

County

Died at *Maynard* *Anne Arundel Co.* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1913* *1-24* Age *17* *Maryland*

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's Name *George W Calvert* Mother's Name *Annix Calvert*

Cause of Primary

How long sick

Death Immediate

Drowning

177

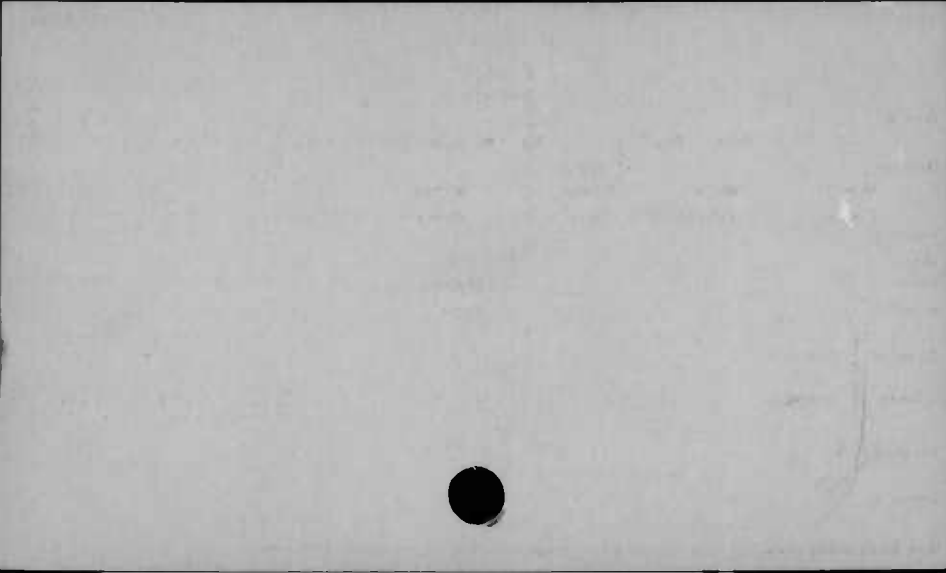
Accident, ~~Suicide~~, ~~Homicide~~

Reported by *Dr Elijah Williams*

Address *Armistead, A. A. Co., Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
In Full

Benjamin Chance

CERTIFICATE OF DEATH

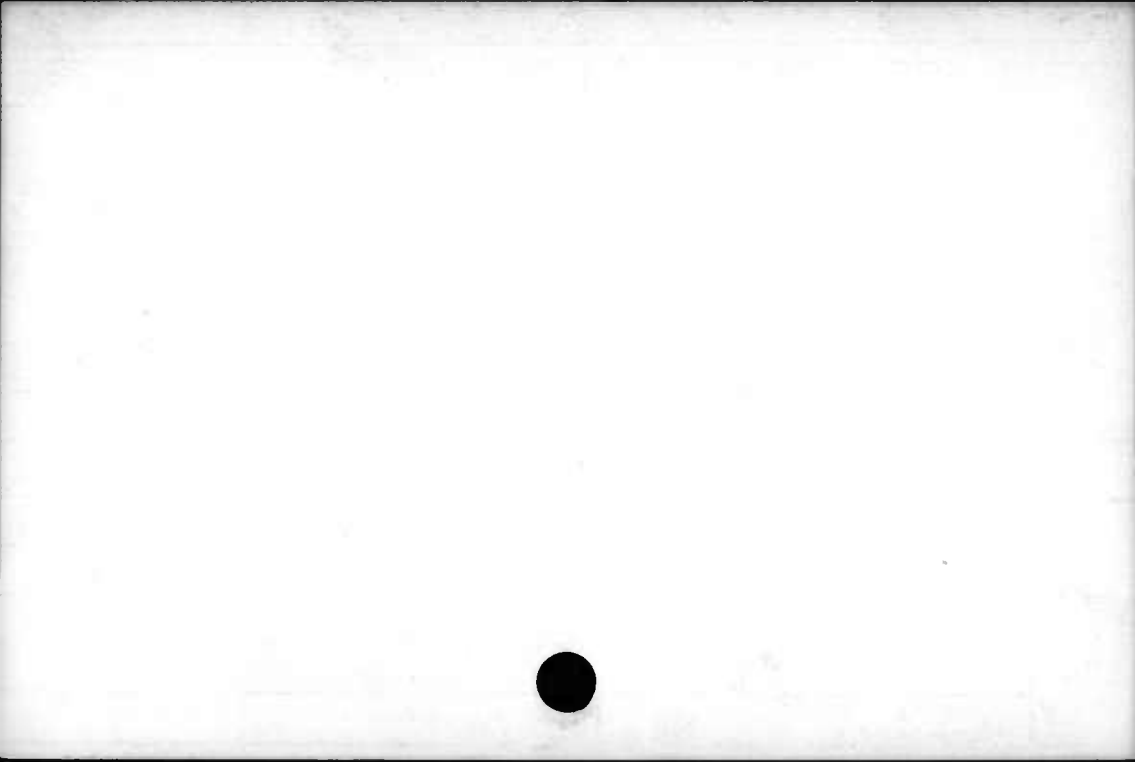
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapoli</i> ^{Town}		<i>A. A. C.</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>16</i>	Age <i>—</i> ^{Years}	Months <i>—</i>	Days <i>4 hours</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Annapoli</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Fether's Name <i>Benjamin F. Chance</i>			Father's Birthplace <i>Annapoli</i>		
Mother's Maiden Name <i>Kate McNemar</i>			Mother's Birthplace <i>Annapoli</i>		
Name of person giving In formation <i>Benjamin F. Chance</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primery <i>Premature birth</i>	How long <i>4 hours</i>
Immediate <i>Apnoea</i>	How long <i>151</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Elyear P. Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

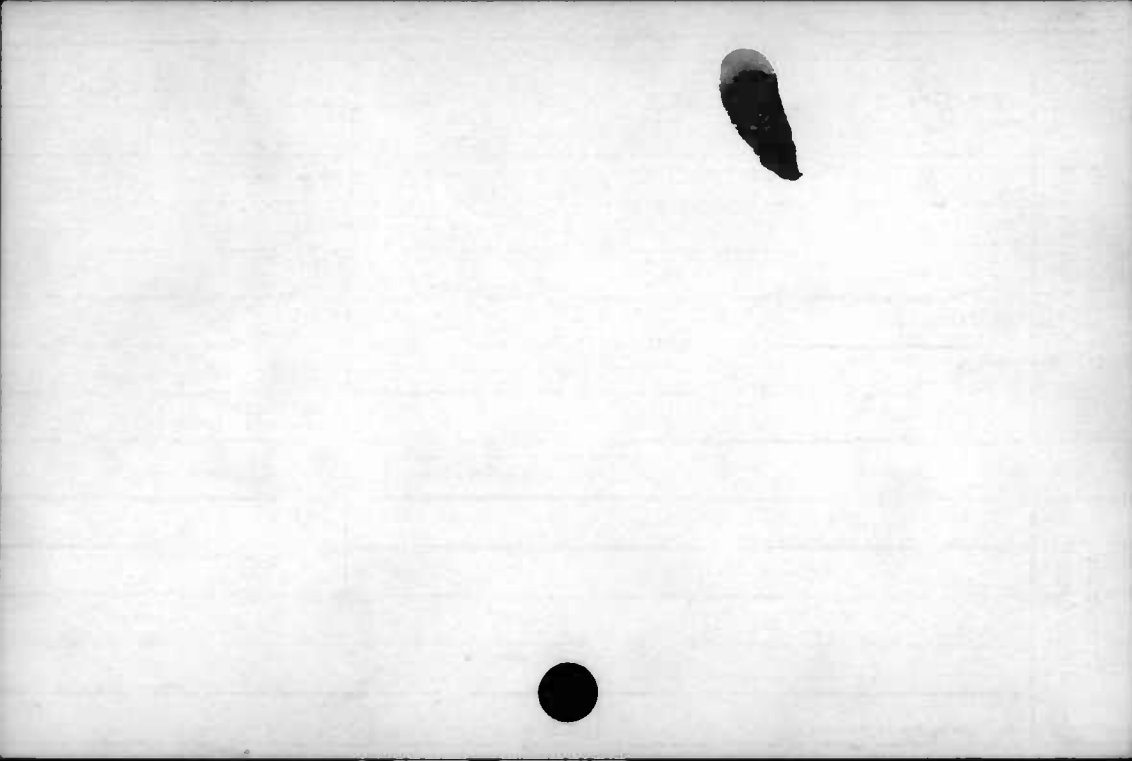
Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		July	11	40		11	10
Sex		Color or Race		Birth-place			
Male		White		Ireland			
Married, Single or Widowed		Occupation					
Married		Missionary					
Name of Wife or Husband		Ida Featherstone					
Father's Name		Samuel Conway				Father's Birthplace	
						Ireland	
Mother's Maiden Name		Theresa Atchell				Mother's Birthplace	
						Ireland	
Name of person giving information		Wife				How related to deceased	
						—	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Consumption	How long	6 years
Immediate	Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. S. H. H. H. H.	
		Address	
		Annapolis Ind.	
Accident or Suicide?			



Name
in
Full

bredit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Ad</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>9th</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>—</i>		Color or Race <i>—</i>		Birth-place <i>—</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John H. bredit</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Victoria Queen</i>			Mother's Birthplace <i>Ad County</i>		
Name of person giving information <i>Victoria bredit</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>1.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Kate Boardley</i>
	Address <i>Midwife</i>
Accident or Suicide? <i>—</i>	<i>Annapolis Md</i>



Name
in
Full

George E. Dobson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Ad</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>Jan</u> ^{Day}	<u>7th</u> ^{Years}	<u>3</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>Junear Dobson</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Naomi Johnson</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving Information <u>Naomi Johnson</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary <u>Rachitis</u>	How long <u>Months</u>
Immediate <u>Exhaustion</u> <u>146</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Gilbert L. Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conways</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>26</i>	Years <i>1</i>	Months <i>6</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Conways</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Misses Grant Donaldson</i>			Father's Birthplace <i>Waco Md</i>		
Mother's Maiden Name <i>E. I. Sinskey</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>E. I. Donaldson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>from Birth</i>
Immediate <i>Do</i>	How long <i>Do</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. DuBois MD</i>
	Address <i>Gambrells MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Walter Evans

Died at

Churchton

Town

A. A.

County

Date

of death 1903

Month

Jan

Day

19

Age

Years

8

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Churchton Md

Married, Single
or Widowed

Single

Occupation

School-boy

Name of Wife or
HusbandFather's
Name

Wallace Evans

Father's
Birthplace

Md

Mother's
Maiden Name

Hester Bradley

Mother's
Birthplace

Baltimore Md

Name of person giving
In formation

Wallace Evans

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

10 days

Immediate

Intestinal perforation

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

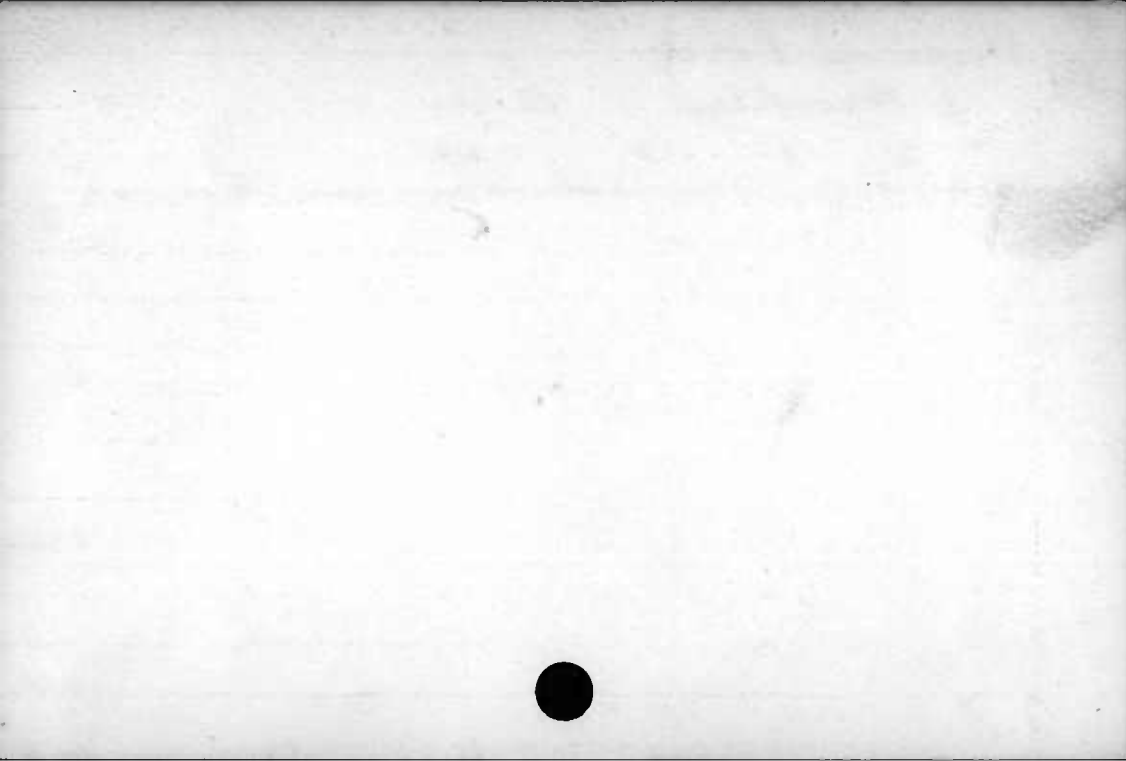
Yes

Signature of
Physician

Address

Geo T Dent
Churchton

Accident or Suicide?



Died at Hoodwardville ^{Town} Ames ^{County} Amundel MARYLAND
 Date 1903 ^{Month} May ^{Day} 24 ^{Y.} 6 ^{M.} 6 ^{D.} 6 ^{Native of} Maryland ^{Occupation}
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's Name Nesley H. Follin Mother's Name May Follin

Cause of Death { Primary Bronchitis Immediate Meningitis 90 How long sick several days
 Accident, Suicide, Homicide

Reported by Sam'l H. Anderson M.D.

Address Hoodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martin Ford

CERTIFICATE OF DEATH

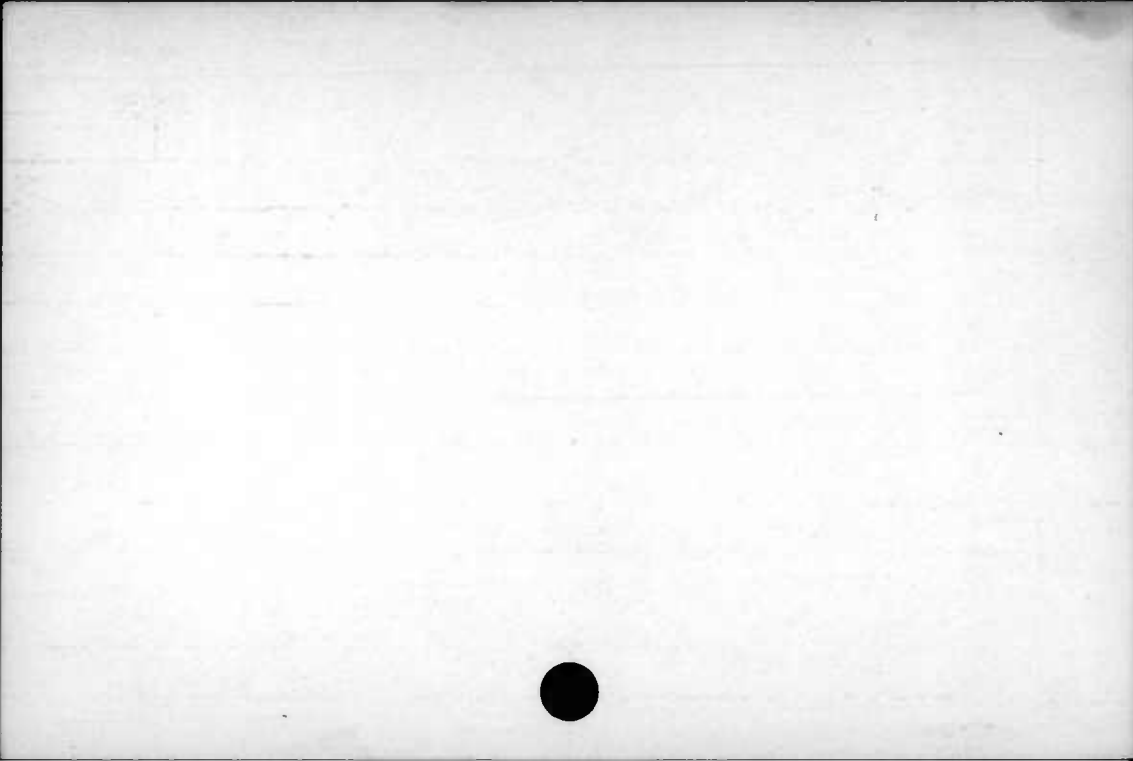
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>E Brooklyn</u> Town		<u>A A</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>7</u>	Age <u>62</u> Years	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Engineer</u>			
Name of Wife or <u>Ella Ford</u>					
Father's Name <u>Jos Ford</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Johanne Ford</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Thos B Horton</u>			How related to deceased <u>no</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis of the heart</u>	How long <u>2 Hours</u>
Immediate <u>Heart failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Hawkins Cor</u>
	Address <u>Brooklyn Me</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Basil M Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Jan	12			3	
Sex		Color or Race		Birth-place			
Male		White		Annapolis			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Basil Gates				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Lulu Mitchell				Id.			
Name of person giving information				How related to deceased			
Basil Gates				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Broncho-Pneumonia		2 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dwight S. Hyblum	
		Address	
		Annapolis	
		Ind.	
Accident or Suicide?			

7/2/20



Name
in
Full

Walter B. Geraci

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Annapolis</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>							
Father's Name <i>Frank R. Geraci</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Agnes S. Smith</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Frank R. Geraci</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Imperfect Circulation of Blood</i>	How long <i>cc.</i>
Immediate <i>Yes.</i>	How long <i>Since Birth</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

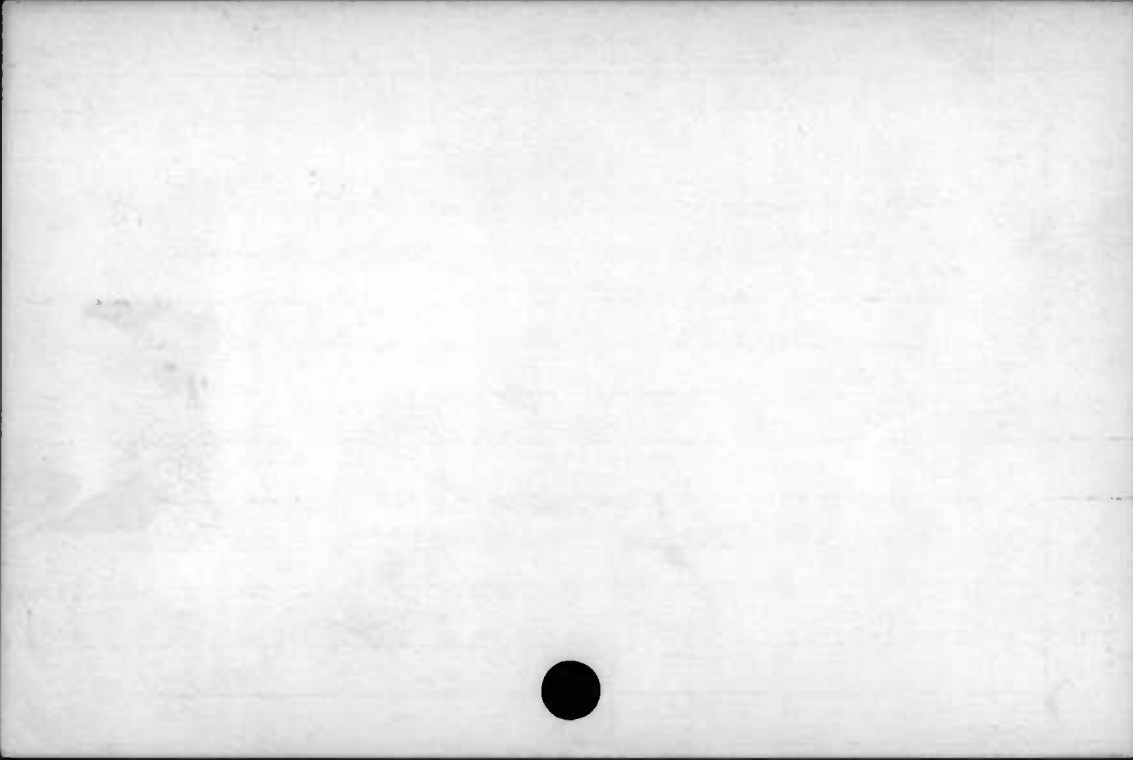
PHYSICIAN
OR CORONER



Name in Full <i>James H. Goldsborough</i>		CERTIFICATE OF DEATH	
Died at <i>Jessup</i> <small>Town</small> <i>(M.H.C.)</i> <small>County</small> <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>23</i>	Age <i>20</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>		Father's Birthplace <i>—</i>	
Father's Name <i>—</i>		Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		How related to deceased <i>—</i>	
Name of person giving information <i>—</i>			
CAUSES OF DEATH			
Primary <i>Pulmonary Tuberculosis</i>		How long <i>8 Months</i>	
Immediate <i>Exhaustion</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. P. Carver</i>	
		Address <i>Jessup, MD.</i>	
Accident or Suicide? <i>—</i>		Physician in charge <i>M.H.C.</i>	



Name in Full		Robert Franklin Goer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Benfield	County A.A. Co		MARYLAND	
		Date of death 1903		Month Jan	Day 23	Age 46	Months 7	Days
		Sex Male		Color or Race White		Birth-place Baltimore		
		Married, Single or Widowed		Married		Occupation Farmer		
		Name of Wife or Husband					Virginia L Goer	
		Father's Name			Franklin Goer		Father's Birthplace England	
		Mother's Maiden Name			Adeline Goer		Mother's Birthplace Virginia	
		Name of person giving information			Virginia Goer		How related to deceased Wife	
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary				How long		
		Typh. Pneumonia				Six days-		
		Immediate				How long		
		Respiration of Bowels						
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		H. B. Gantt		
				Address		Millersville		
Accident or Suicide?								



Name
in
Full

Sarah. S. Griscom

CERTIFICATE OF DEATH

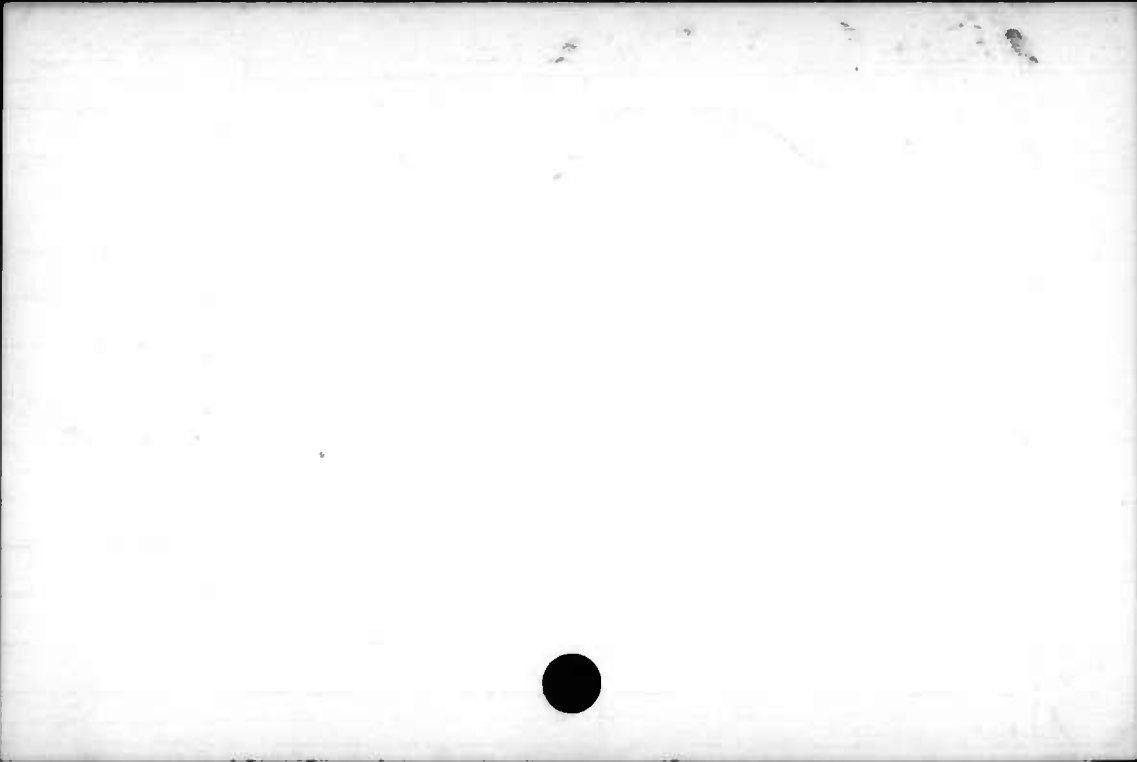
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port 2nd St</i>		Town <i>2nd St</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>8th</i>	Age <i>66</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>N. J.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Job. Griscom</i>							
Father's Name <i>Joseph Stewart</i>				Father's Birthplace <i>N. J.</i>			
Mother's Maiden Name <i>Sarah Rodgers</i>				Mother's Birthplace <i>N. J.</i>			
Name of person giving information <i>Job. Griscom</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of The Stomach</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Morris M. Hubbard
 Town County

Died at

Freetown arm arundel

MARYLAND

Date 19

03 Jan. 1.

Age

Y. M. D.

1 Jan 10

Native of

Annam

Occupation

non

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

non

~~Female~~

Colored

Single

~~Widower~~

Number of children living

3. died

Husband

of

Wife

non

Father's

Name

Mother's

Maiden Name

Idi Barth

Cause of

Primary

hald.

Death

Immediate

Pneumonia

93

How long sick

3. weeks

Accident, Suicide, Homicide

Reported by

Dr. Thomas H Brown

Address

asm. arundel Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

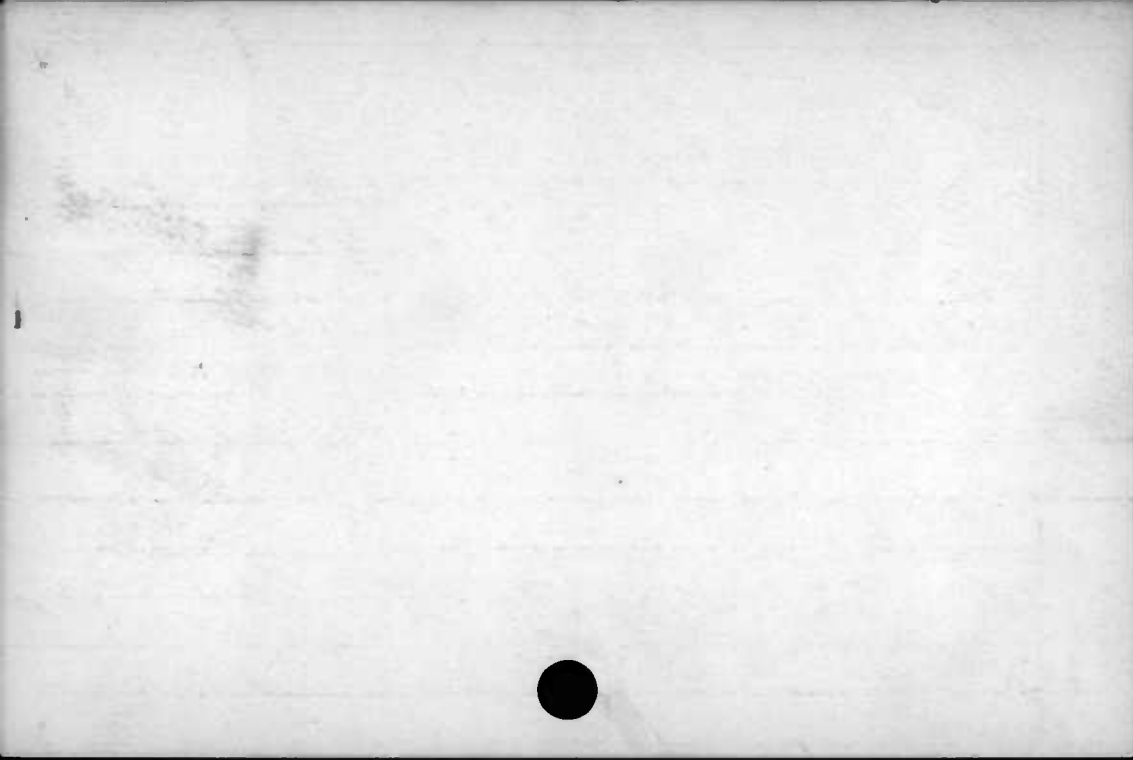
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Baltimore</i>		County <i>a. a</i>		MARYLAND	
Date of death 190	3	Month	Jan	Day	27
Age	60	Years		Months	
Sex	male	Color or Race	White	Birth-place	Baltimore, Md.
Married, Single or Widowed		Occupation	Laborer		
Name of Wife or Husband <i>Alice M. Horist</i>					
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Alice M. Wilderman</i>			Mother's Birthplace <i>Balto. Md.</i>		
Name of person giving information <i>Alice Horist</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>Had charge of case</i>
Immediate	<i>Heart Failures</i>	How long	<i>day 3</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos B Horton M.D.</i>
		Address	<i>So. Baltimore, Md.</i>
Accident or Suicide?			



Name in Full		Henry Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		2nd District		AA		County
	Date of death 1903		Jan		22		Age 3
	Sex		Male		Color or Race		Colored
	Married, Single or Widowed		—		Occupation		—
	Name of Wife or Husband						
	Father's Name		Robert Jones		Father's Birthplace		AA County
	Mother's Maiden Name		Annie Meyers		Mother's Birthplace		AA County
Name of person giving information		Robert Jones		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		93		How long
	Immediate		Asthma				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout M.D.
	Address		Annapolis		Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

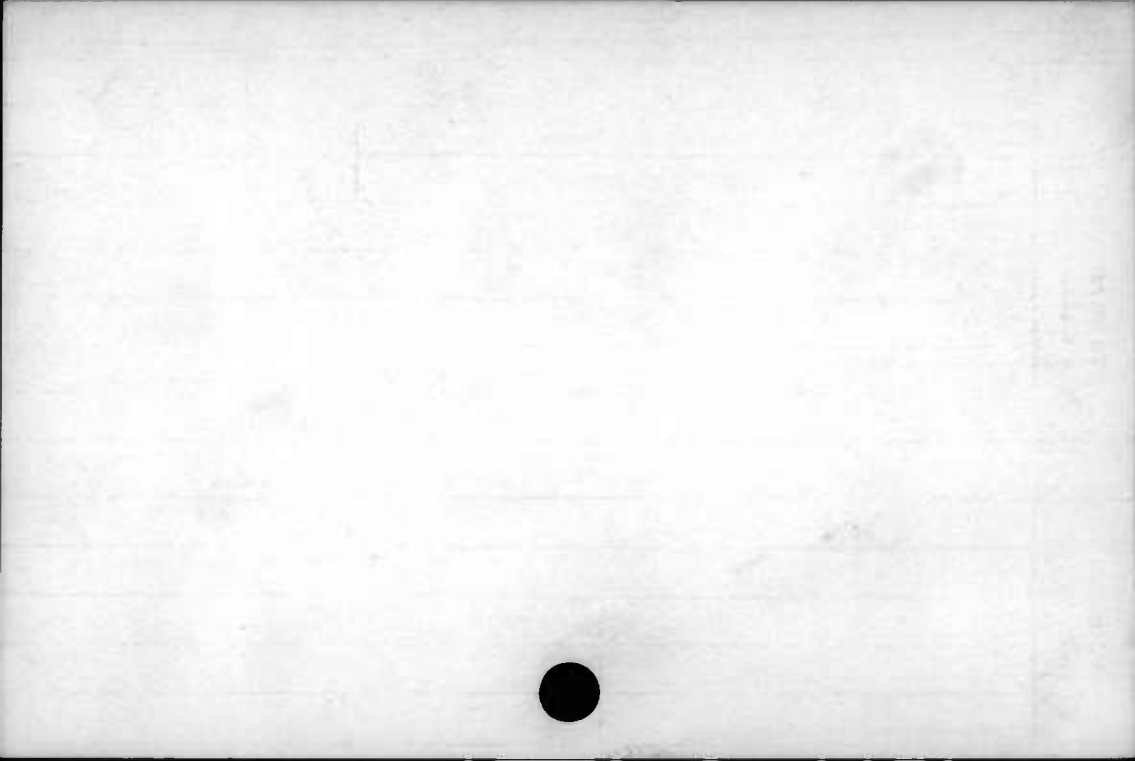
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>			County <i>Anne Arundel</i>			MARYLAND		
Date of death 1903		Month <i>Jan'y</i>	Day <i>14</i>	Age	Years <i>20</i>	Months <i>3</i>	Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Manchester, N.H.</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i>Buddy</i>				
Name of Wife or Husband _____								
Father's Name <i>dead</i>						Father's Birthplace _____		
Mother's Maiden Name <i>dead</i>						Mother's Birthplace _____		
Name of person giving information <i>Records,</i>						How related to deceased <i>176</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pistol shot wounds</i>		How long _____
Immediate <i>Hemorrhage + shock</i>		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>F. H. Thompson M.D.</i>
		Address <i>193 Church St Annapolis, Md.</i>
Accident or Suicide? _____		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Benj Isaac King</i>		Town <i>Davidsonville</i>		County <i>aa</i>		MARYLAND	
Died at <i>Davidsonville</i>		Month <i>1</i>		Day <i>26</i>		Years <i>40</i>	
Date of death 1903		Month <i>1</i>		Day <i>26</i>		Years <i>40</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Davidsonville Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Merchant</i>					
Name of Wife or Husband <i>Rosa Brown</i>							
Father's Name <i>Unknown</i>		Father's Birthplace _____					
Mother's Maiden Name <i>Rosa Unknown</i>		Mother's Birthplace _____					
Name of person giving In formation <i>Rodney Wynkoop</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric ulcer</i>		How long <i>2 mo</i>	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr Davidson</i>	
		Address <i>Davidsonville Md</i>	
Accident or Suicide? <i>X</i>		<i>per L. W. Katerer</i>	



Name
in
Full

Isabella Howard McCormick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne arundel</i>		MARYLAND	
Date of death 1903	Month <i>January</i>	Day <i>29th</i>	Age <i>60-</i>	Years <i>00</i>	Months <i>29-</i>	Days <i>29-</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Washington DC</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>Alumnus Hugh McCormick</i>							
Father's Name <i>William E. Howard</i>				Father's Birthplace <i>Dis. Cal</i>			
Mother's Maiden Name <i>Hannah E. McCarty</i>				Mother's Birthplace <i>Dis. Cal</i>			
Name of person giving information <i>Alex H. McCormick</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Lungs</i>	How long <i>40</i>	How long <i>Prose on year</i>
Immediate <i>Obstructive pneumonia</i>	How long <i>Three months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George Pearson</i>	
	Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>8</i>		

Co., to Washington
etc

Taylor

Name
in
Full

Alice E Mc Gowans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>AA</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>22nd</i>	Years	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Annapolis</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John Lb. Mc Gowans</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Susan Wright</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Susan Wright</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Feething Meningitis</i>	How long <i>Two weeks</i>
Immediate <i>61</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J N E. Campbell MD</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Mc Pherson

CERTIFICATE OF DEATH

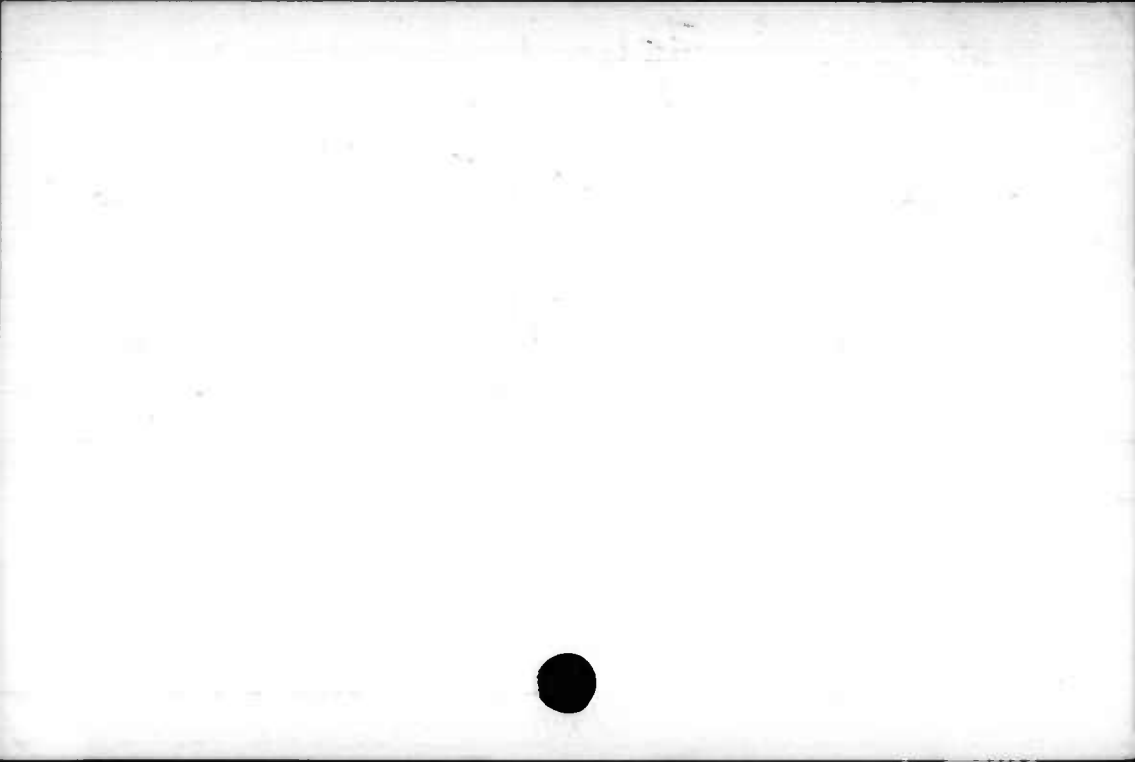
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Walter Mitchell

CERTIFICATE OF DEATH

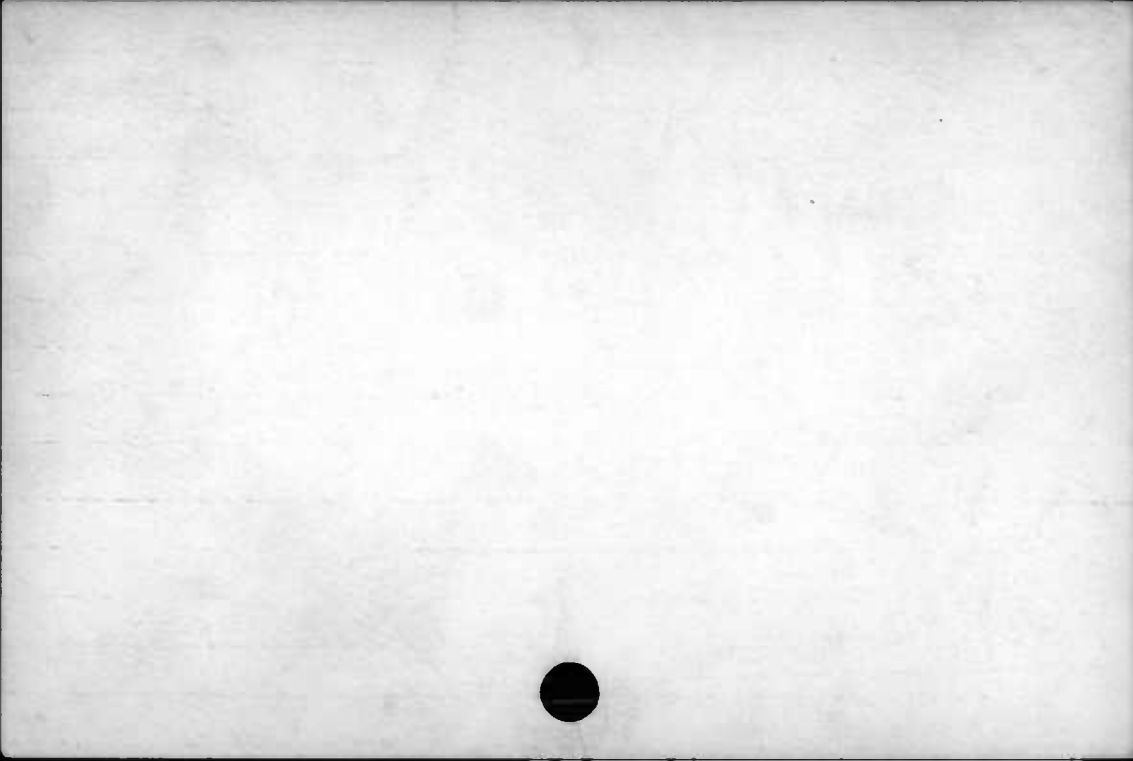
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> ^{Town}		<u>AA</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Jan</u> ^{Month}	<u>9th</u> ^{Day}	Age <u>3</u> ^{Years}	<u>8</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis</u>	
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Walter E Mitchell</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Susan E Trinkle</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>Walter Mitchell</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <u>bronch</u>	How long <u>48 hours</u>
Immediate <u>Suffocation</u>	How long <u>9a</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout MD</u>
	Address <u>Annapolis MD</u>
Accident or Suicide?	



Name
in
Full

Richard Moreland (a stranger)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>2^d dist</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>55</i>	Months	Days
Sex <i>Male</i>		Color or Race		Birth- place <i>Lehest Co.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace	
Mother's Maiden Name <i>—</i>				Mother's Birthplace	
Name of person giving In formation				How related to deceased <i>102</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stricture of Esophagus</i>		How long	<i>Sudden</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>per Dr W.S. Welch</i>	
		Address	<i>Annapolis Md</i>	
Accident or Suicide?				



Name
in
Full

Davidson Hall Muuroe.

CERTIFICATE OF DEATH

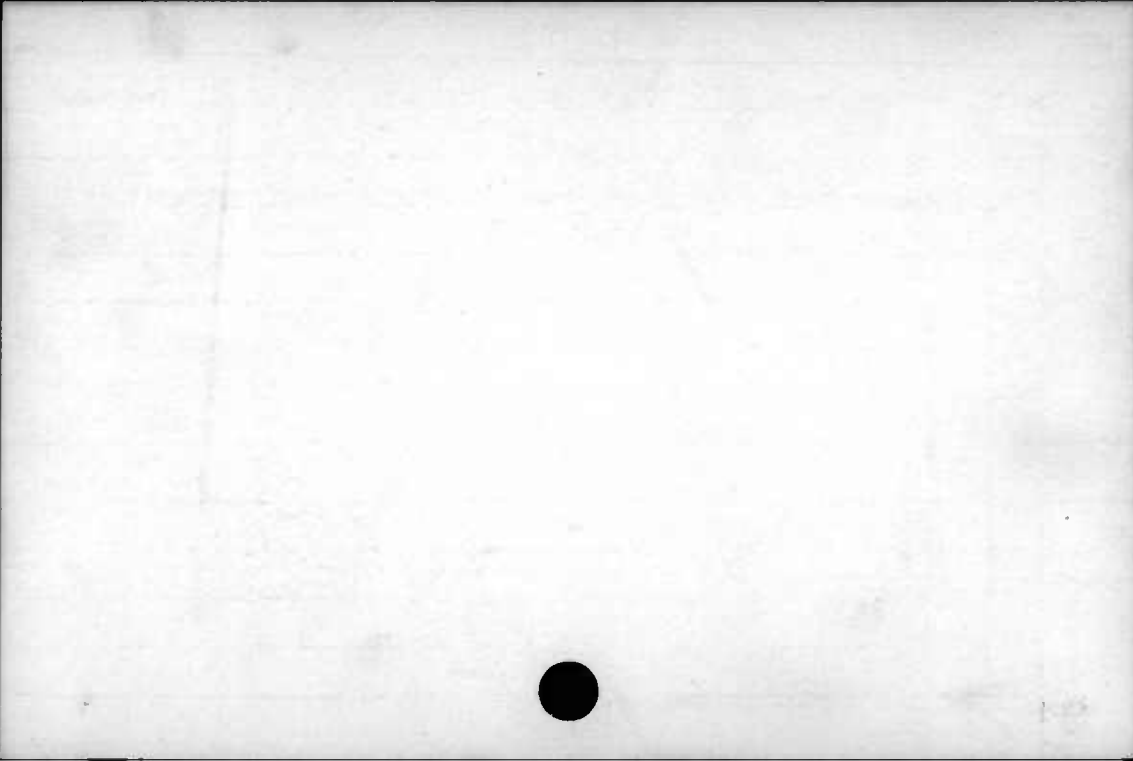
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel Co.</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>19th</i>	Years <i>2</i>	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis.</i>	
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Frank A. Muuroe</i>			Father's Birthplace <i>Annapolis.</i>		
Mother's Maiden Name <i>Margaret D. Hall</i>			Mother's Birthplace <i>Davidsonville</i>		
Name of person giving information <i>Frank A. Muuroe.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Seathing</i>	How long <i>2 weeks</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Philip Murdock

Town

County

Died at

Alms House Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 26

Age 65

Md

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Nephritis

How long sick

6 Mos

Death

Immediate

Bras sy

120

Accident, Suicide, Homicide

Reported by

John Collinson

Address

South River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bessie Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South River</u> Tcwn			County <u>aa</u>			MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>20</u>	Years <u>21</u>	Months <u>2</u>	Days <u>3</u>		
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>South River Md</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>Nothing</u>				
Name of Wife or Husband _____							
Father's Name <u>Richard Neal</u>				Father's Birthplace <u>South River Md</u>			
Mother's Maiden Name <u>Unknown</u> <u>27</u>				Mother's Birthplace _____			
Name of person giving information <u>Wm H Talbot</u>				How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Lung</u>	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Isaiah W. Ratner MD</u>	
		Address <u>South River Md</u>	
Accident or Suicide? <u>Neither</u>			



Name
in
Full

CERTIFICATE OF DEATH

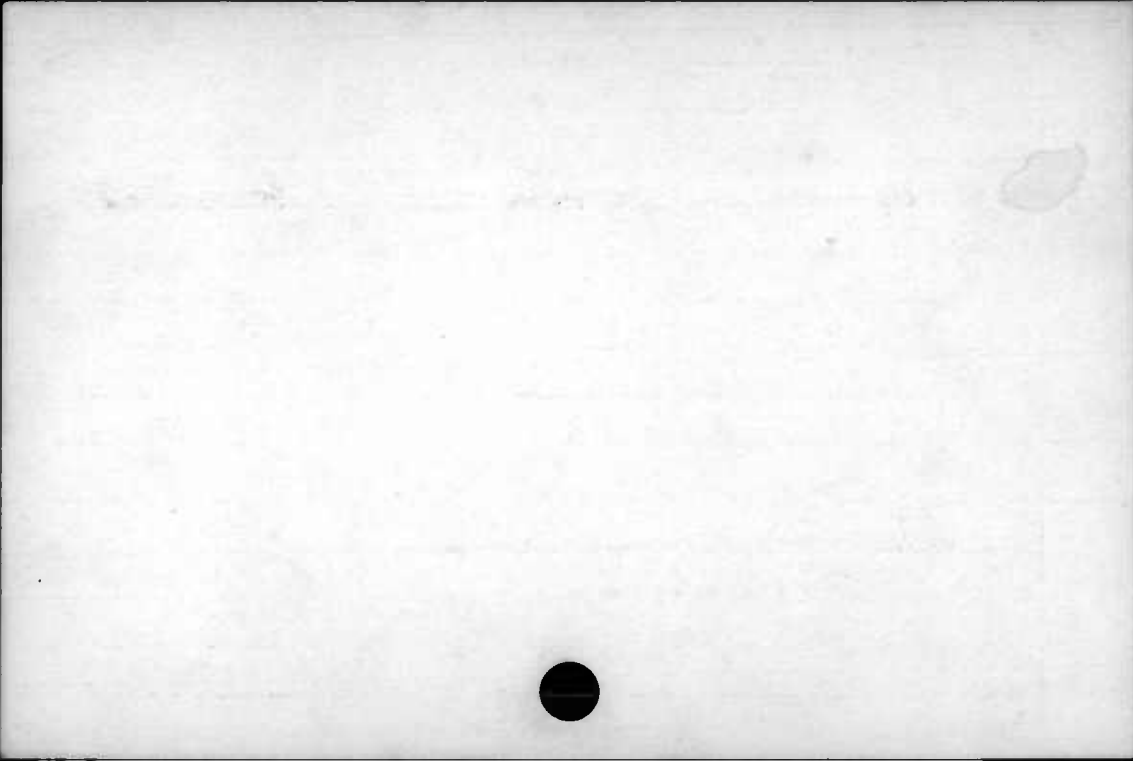
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		<i>Aa Co</i>		TOWN County	
Date of death 1903		Month <i>January</i>	Day <i>Tuesday</i>	Years <i>64</i>	Months <i>1</i> Days <i>16</i>
Sex <i>Female</i>	<i>27th</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>J. S. Nichols</i>					
Father's Name <i>Daniel Conner</i>		Father's Birthplace <i>Talbot Co Md</i>			
Mother's Maiden Name <i>Elizabeth Welch</i>		Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>J. S. Nichols</i>		<i>106</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammation of the bowels</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Florence Owensky

CERTIFICATE OF DEATH

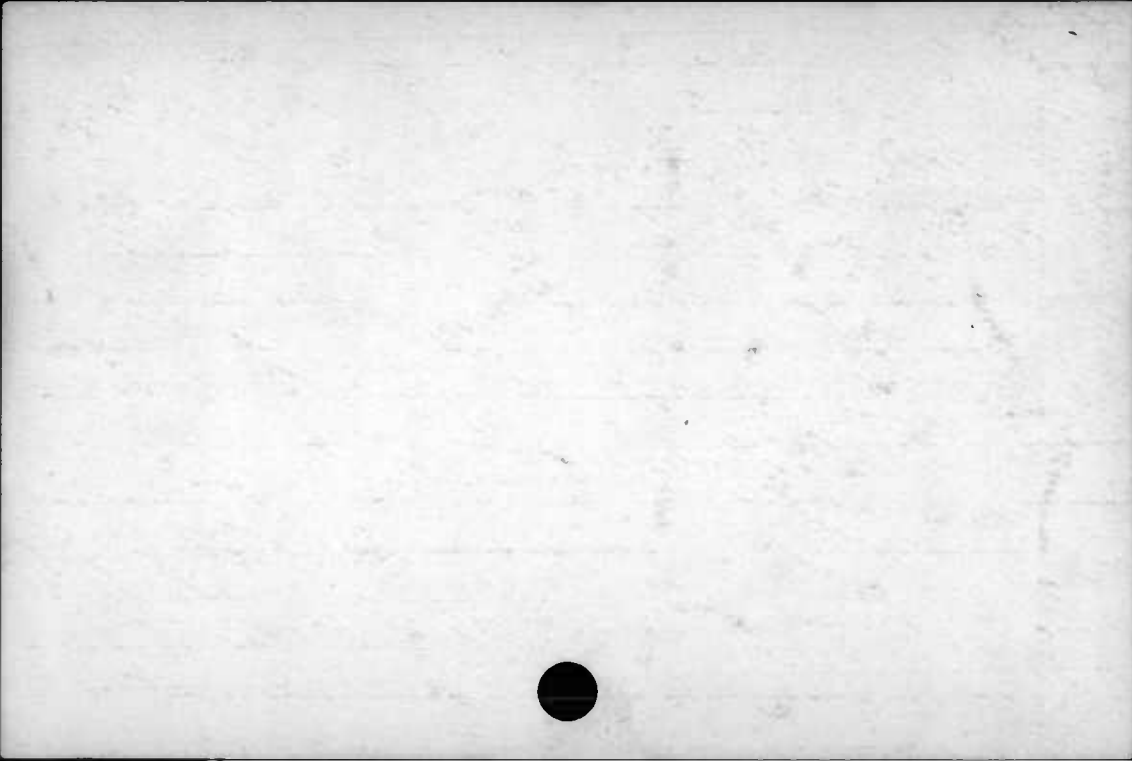
TO BE ANSWERED BY
NEAREST FRIEND

Died at		So. Baltimore		County		Anne Arundel		MARYLAND	
Date	of death	1903	Month	Jan	Day	9	Age	Years	—
								Months	5
								Days	—
Sex	Female		Color or Race	White		Birth-place	So. Balto. Md		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				Julius Owensky		Father's Birthplace			
						Germany			
Mother's Maiden Name				Lottie Nakwig		Mother's Birthplace			
						Germany			
Name of person giving information				Julius Owensky		How related to deceased			
						Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestion of Lungs		95	How long	Child was dead when I arrived
Immediate	Heart Failure			How long	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	
				Thos. B. Horton M.D.	
				Address	
				So. Balto. Md	
Accident or suicide?					



Name Full		Georgeanna Parker				CERTIFICATE OF DEATH	
Died at		Town Hammans		County Anne Arundel		MARYLAND	
Date of death 1903	Month Jan	Day 10	Age 20	Years	Months 3	Days	
Sex Female	Color or Race African		Birth- place A A Co				
Married, Single or Widowed	Married		Occupation Housewife				
Name of Wife or Husband		Clintine Parker					
Father's Name		Moses Brown			Father's Birthplace Maryland		
Mother's Maiden Name		Caroline Parker			Mother's Birthplace Maryland		
Name of person giving Information		Clintine Parker			How related to deceased Husband		
CAUSES OF DEATH							
Primary		Child Birth			How long 138		
Immediate		Puerperal Eclampsia			How long 12 hours		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Thomas A. Drayshaw			
Only saw this woman after she was attended by a Accident or Suicide?		Indefinite		Address Sun 7 Street			

John Thomas Parrott

Town

County

Died at

South River Anne Arundel

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Age

57

Native of

Md.

Occupation

Merchant

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 5-

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Blanche Parrott

John Parrott

Ellen

Cross

Cause of

Primary

Typhoid

How long sick

9 days

Death

Immediate

Stomach & Kidney

Accident, Suicide, Homicide

Reported by

John Collinson

Address

South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Wm Postliff
 Town County

Died at

Armiger Anne Armidel

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Jan 11

Age *70*

England

Laborer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living *none*

Husband
of
Wife

Father's

Mother's

Name

not known

Maiden Name

not known

Cause of

Primary

old age

Death

Immediate

heart failure

How long sick

3 months

~~Accident, Suicide, Homicide~~

Reported by

Geo. H. Brown M.D.

Address

Armiger

a a Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79255



Name
in
Full

Addie Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		3		Age		17	
Sex		Female		Color or Race		Colored	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Birthplace		Annapolis	
Father's Name		John Richardson		Father's Birthplace		Baltimore	
Mother's Maiden Name		Cornelia Richardson		Mother's Birthplace		County Md.	
Name of person giving information		John Richardson		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis & 2		How long		Months	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout	
		Address		Annapolis		Md.	
Accident or Suicide?							



Name
in
Full

Caroline Scott

CERTIFICATE OF DEATH

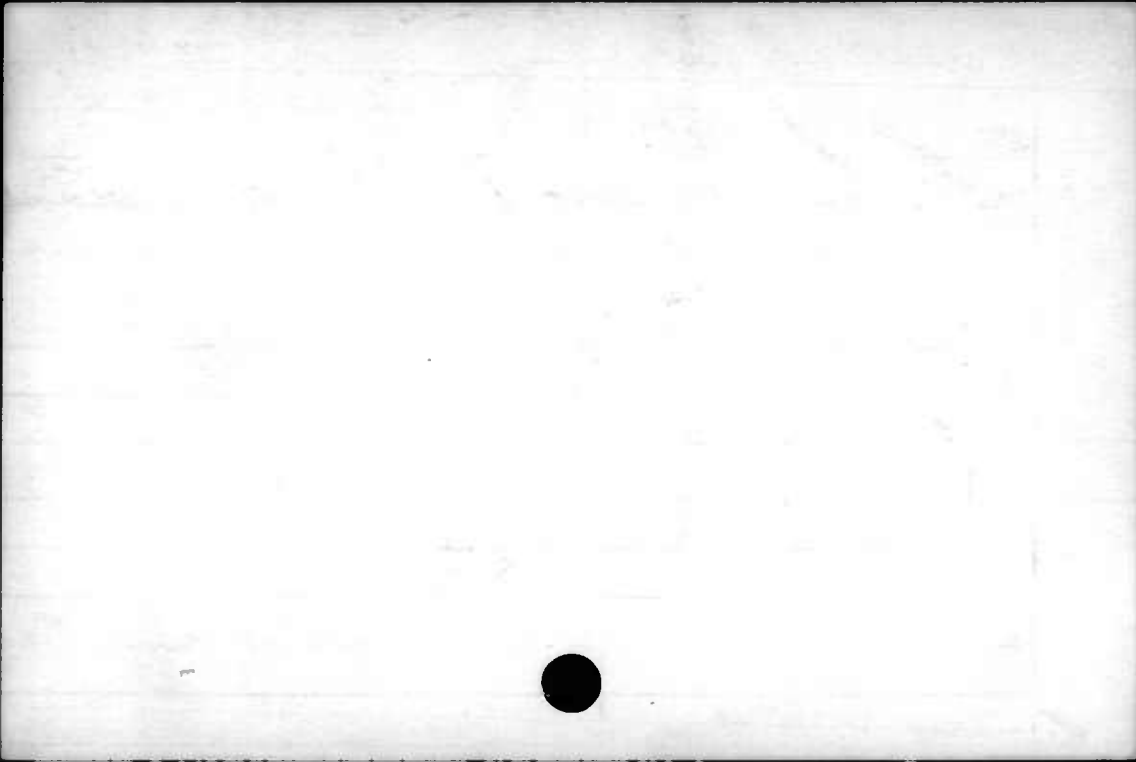
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp Parole</u>		County <u>AA</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>5th</u>	Age <u>85</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>AA County</u>		
Married, Single or Widowed <u>Widow</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>Unknown</u>			Father's Birthplace <u>AA County</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>AA County</u>		
Name of person giving information <u>Gabriel Parker</u>			How related to deceased <u>Son in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Rheumatism</u>	How long	<u>Several weeks</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout M.D.</u>	
<u>Yes</u>		Address <u>Annapolis</u>	
Accident or Suicide?		<u>Id.</u>	



Name
in
Full

Ann A. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>Jan</u>	Day <u>11</u>	Age <u>27</u>	Months <u>11</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Domestic</u>			
Name of Wife or Husband <u>Reidolph R. Smith</u>					
Father's Name <u>John Christopher</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Wichner</u>		Mother's Birthplace			
Name of person giving information <u>Martin M. Smith</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Puerperal fever</u>	How long <u>127</u>
Immediate	How long <u>five days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Clement Landwehr</u>
	Address <u>5 St. John St.</u>
Accident or Suicide?	

Taylor

Name
in
Full

CERTIFICATE OF DEATH

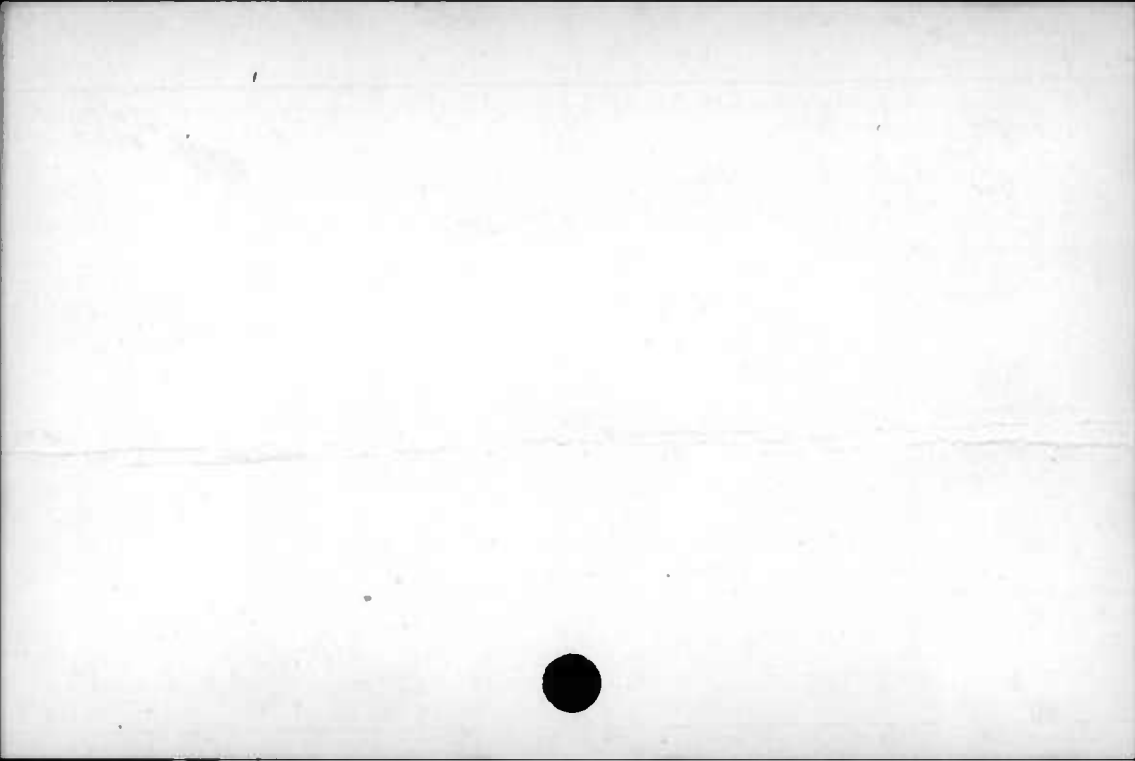
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Gottlieb Strohmeyer		Town County home		County Anne Arundel		MARYLAND	
Died at County home		Month Jan		Day 19		Years 75	
Date of death 1903		Months		Days			
Sex male		Color or Race White		Birth-place unknown			
Occupation Leather		Where Residing if not at place of death Anne Arundel Co.					
Married, Single or Widowed single		Name of Wife or Husband unknown					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving information Hammord				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart disease		How long 4 months	
Immediate Dropsey		How long 2 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Collinson	
To the best of my knowledge		Address South River	
Accident or Suicide? Knowledge		MD	



Name
in
Full

Andrew M. Trotter

CERTIFICATE OF DEATH

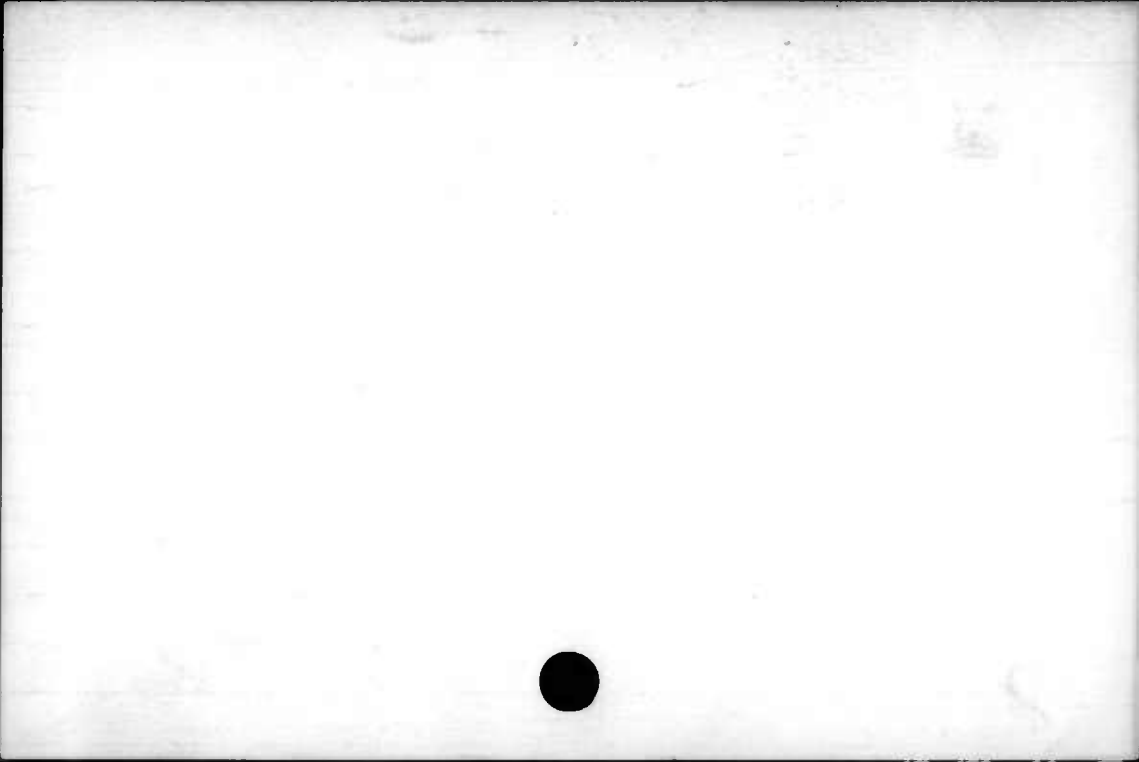
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eastport</u> ^{Town}		<u>Adams</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>1</u> ^{Month}	<u>4</u> ^{Day}	Age <u>2</u> ^{Years}	<u>0</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Eastport</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u> 93					
Father's Name <u>Thos Trotter</u>			Father's Birthplace <u>Eastport</u>		
Mother's Maiden Name <u>Virginia McCollen</u>			Mother's Birthplace <u>A. A. Co</u>		
Name of person giving information <u>Vincent Trotter</u>			How related to deceased <u>Grand Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Pneumonia</u>	How long	<u>Ten days</u>
Immediate	<u>Asthenia</u>	How long	<u>Two days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>		
Signature of Physician <u>John Ridout M.D.</u>		Address <u>Annapolis Md</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gordon Valk* Town *Annapolis* County *Anne Arundels* MARYLAND

Died at *Annapolis*

Date of death 1903 *Jan* Month *10th* Day *2* Years *1* Months *24* Days

Sex *Male* Color or Race *White* Birth-place *N. Y.*

Married, Single or Widowed *Single* Occupation _____

Name of Wife or Husband _____

Father's Name *James R. Valk* Father's Birthplace *N. Y.*

Mother's Maiden Name *Ada Gordon* Mother's Birthplace *N. Y.*

Name of person giving information *J. R. Valk* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hydrocephalus* *Q* How long *1 Year*

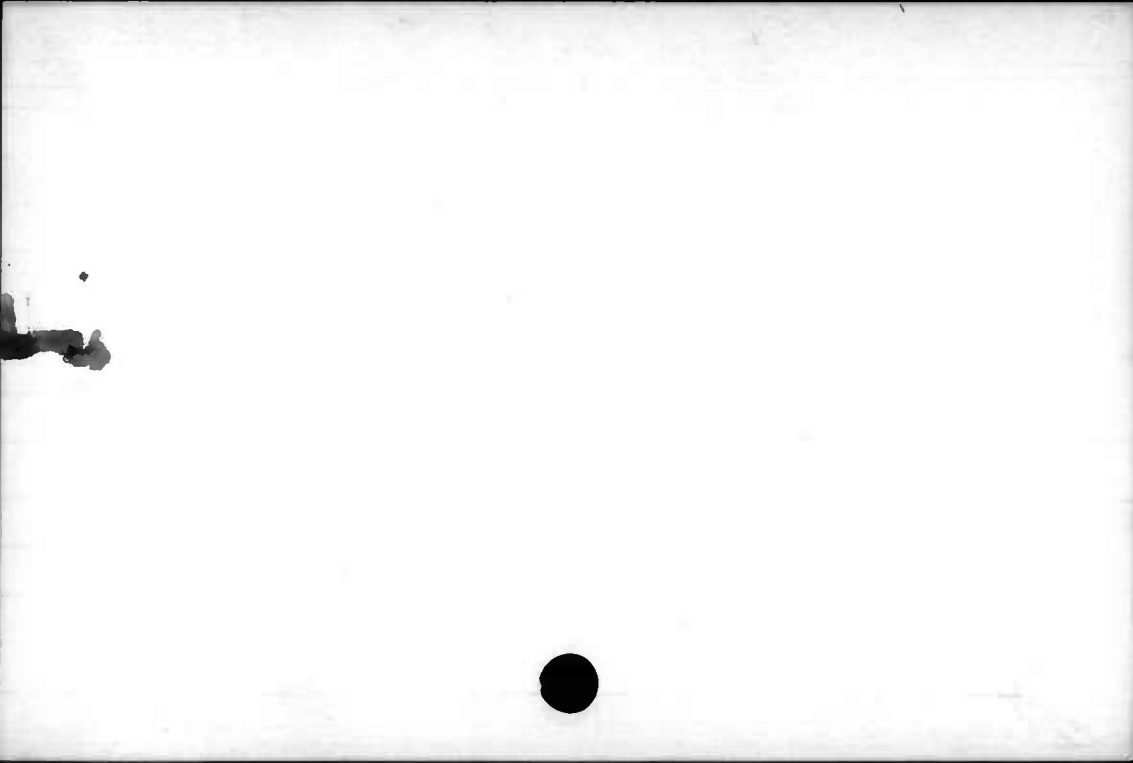
Immediate *Capillary Bronchitis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Delwell S. Hephner*

Address *Annapolis*

Accident or Suicide? _____



Name
in
Full

Nettie Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 1903	Month Jan	Day 28 th	Years 18	Months		Days	
Sex Female	Color or Race colored		Birth- place Annapolis				
Married, Single or Widowed <input checked="" type="checkbox"/> Married			Occupation House-girl				
Name of Wife or Husband							
Father's Name James Wallace				Father's Birthplace Annapolis			
Mother's Maiden Name Isabella Lomax				Mother's Birthplace Annapolis			
Name of person giving In formation Isabella Lomax				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long Two weeks
Immediate	Typhoid Pneumonia	How long Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. N. E. Campbell Md
yes		Address Annapolis Md
Accident or Suicide?		



Name
in
Full

Ann R. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ludley</u> Town		<u>A</u> County <u>A</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>30</u>	Age <u>61</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co., Md.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Emery R. Ward</u>					
Father's Name <u>Geo. W. Hardesty</u>			Father's Birthplace <u>Calvert Co. Md</u>		
Mother's Maiden Name <u>Martha Bowen</u>			Mother's Birthplace <u>Calvert Co Md</u>		
Name of person giving information <u>Jas. S. Hardesty</u>			How related to deceased <u>Bro. in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Suppurating Tonsillitis</u>	How long <u>10</u>	How long <u>1 week</u>
Immediate <u>Strangulation</u>	How long <u>1</u>	How long <u>hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. T. Smith</u>	
	Address <u>Churchton</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

George Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Towp Annapolis		County Anne Arundel		MARYLAND	
Date of death 1903	Month Jan'y.	Day 23	Age 22	Years 22	Months 6	Days 0	
Sex Male	Color or Race Colored			Birth- place Annapolis			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Geo Washington				Father's Birthplace Annapolis			
Mother's Maiden Name Malinda Jennings				Mother's Birthplace Annapolis			
Name of person giving Information				How related to deceased 27			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis	How long	2 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. R. Walton	
		Address Annapolis Md.	
Accident or Suicide?			



Name
in
Full

Hamie C. Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Benfield</i> Town		<i>A. A.</i> County			
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>27</i>	Years <i>21</i>	Months <i>6</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Millersville Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Yuman A. Watson</i>			Father's Birthplace <i>A. A. Co. Md</i>		
Mother's Maiden Name <i>Ann V. Turner</i>			Mother's Birthplace <i>A. A. Co. Md</i>		
Name of person giving information <i>Ann V. Watson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>10 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Garritt</i>
	Address <i>Millersville Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Calphurnia Wayson

Town

County

Died at

McKendree Anne Grandel

MARYLAND

1903

Month

Day #

Y.

M.

D.

Native of

Occupation

Date 189

Jan

5th

Age

65-11--

Ind.

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Elijah Stallings

Mother's

Name

Mary Stallings

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Heart exhaustion

Accident, Suicide, Homicide

Reported by

A. H. Parrie

M.D.

Address

McKendree,

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1890



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harwood</u>		Town <u>Harwood</u>		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>30</u>	Age <u>21</u>	Years <u>21</u>	Months <u>2</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Harwood Md</u>				
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Wm Wells</u>							
Father's Name <u>Unknown</u>			Father's Birthplace <u> </u>				
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u> </u>				
Name of person giving information <u>Wm Wells</u>			How related to deceased <u>Husband</u>				

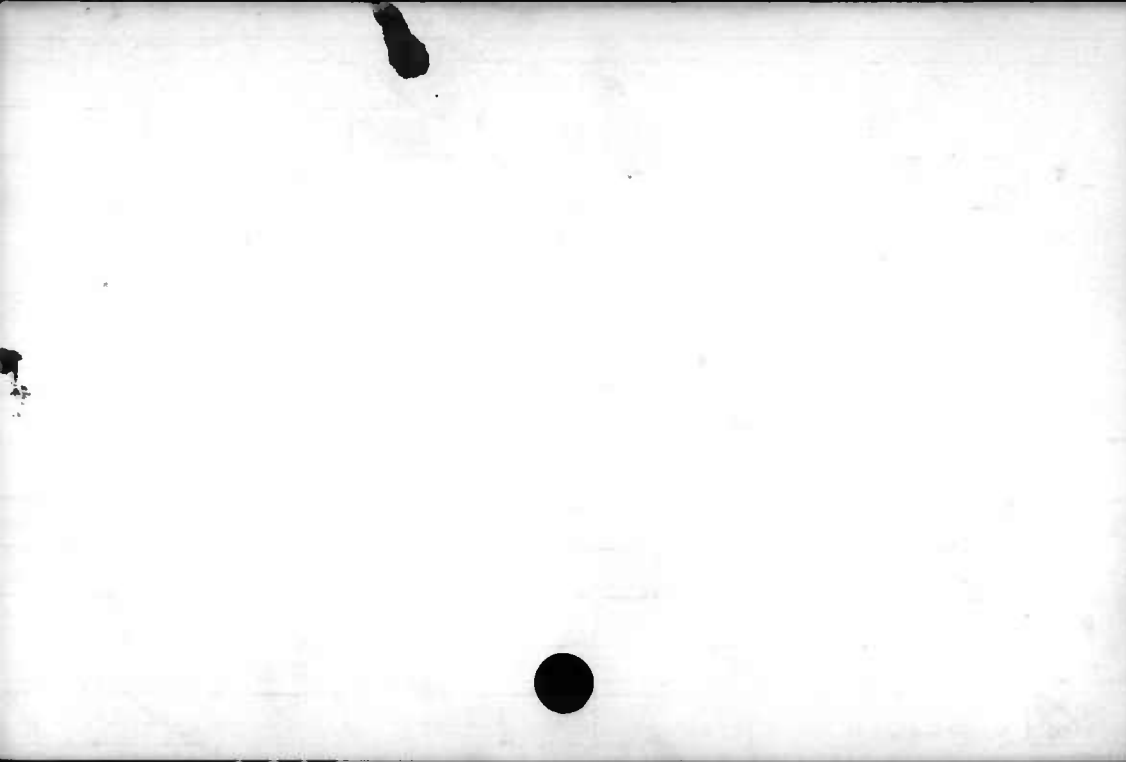
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Confinement</u>	How long <u>3 days</u>
Immediate <u>Prostration</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Georg W. Latimer Md</u>
	Address <u>West River Md</u>
Accident or Suicide? <u> </u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Philadelphia</i> Town		<i>Pa.</i> County		MARYLAND
	Date of death 1903	Month <i>1</i>	Day <i>1</i>	Age <i>65</i> Years	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Summerfield County</i>	
	Married, Single or Widowed <i>Widowed</i>		Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>—</i>			Father's Birthplace <i>—</i>	
	Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>	
	Name of person giving information <i>J. Mackie Russell</i>			How related to deceased <i>Son in law</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>		How long <i>Two weeks</i>		
	Immediate <i>Stroke</i>		How long <i>Three days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells</i>		
	<i>yes</i>		Address <i>Philadelphia Pa</i>		
	Accident or Suicide? <i>no</i>				



Name
in
Full

CERTIFICATE OF DEATH

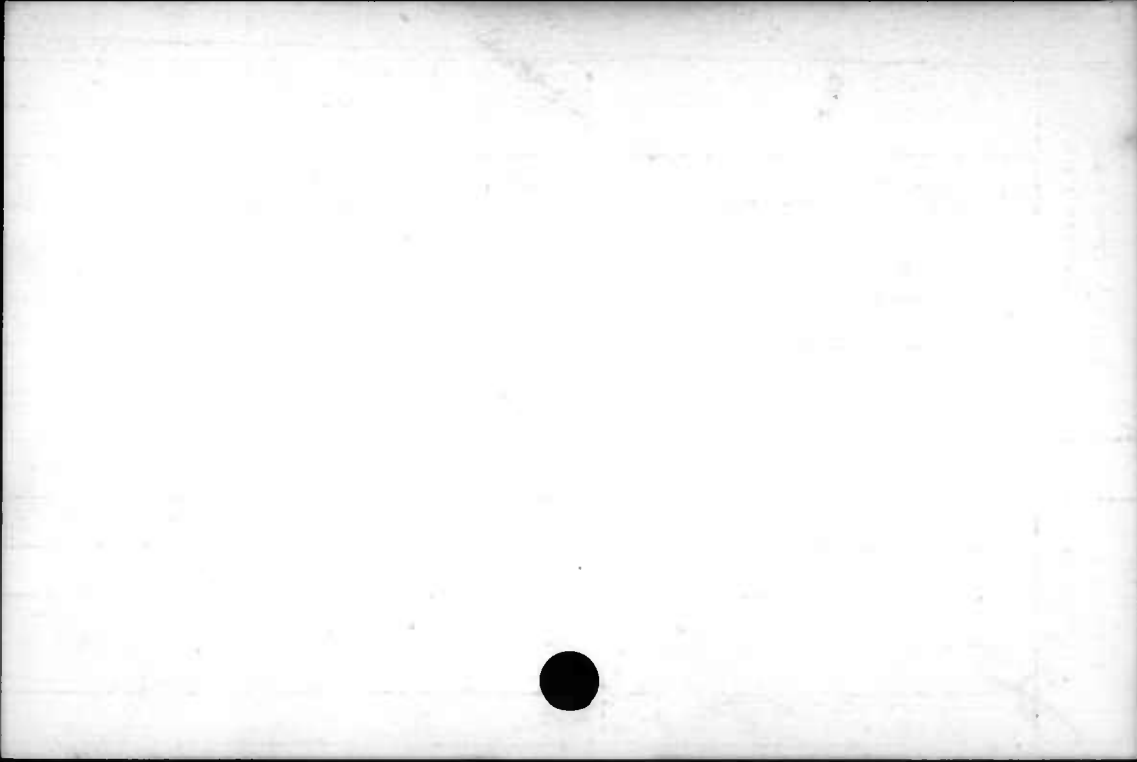
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>16</i>	Age	Years	Months <i>3</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. E. Woolley</i>			Father's Birthplace <i>Balto. Md</i>		
Mother's Maiden Name <i>Lizzie E. Woolley</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Geo. E. Woolley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Insufficiency of Oxygen</i>	How long	<i>3 days</i>
Immediate	<i>Collapse of Lungs</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>Geo. Wells</i>		Address <i>Annapolis</i>	
Accident or Suicide?			



Name
in
Full

William James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Jessup (M.H.C.)		County		Annapolis		MARYLAND	
Date of death 190	3	Month	1	Day	21	Age	22	Months	—
Sex	Male		Color or Race	Black		Birth-place	Md		
Married, Single or Widowed		Single		Occupation		Laborer			
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

Primary	Nephritis		How long	2 months	
Immediate	Uræmia		How long	24 hrs.	
Are the name, age, sex, color, date and place correctly given above?			yes		
Signature of Physician			C. P. Carver		
Address			Jessup, Md.		
Accident or Suicide?			Physician in charge of Md. House of Corrections		

